

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.D.	XECO	3-24-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	10653	5/12/00	
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/23/00
2	✓	✓	
3	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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